



MOBILE HOME REAL ESTATE EXCISE TAX AFFIDAVIT

Submit to County Treasurer of the county in which property is located.

Chapter 82.45 RCW Chapter 458-61A WAC

This form is your receipt when stamped by cashier.

FOR USE WHEN TRANSFERRING TITLE TO MOBILE HOME ONLY

PLEASE TYPE OR PRINT INCOMPLETE AFFIDAVITS WILL NOT BE ACCEPTED

REGISTERED OWNER Name: Erin N. Buurkarl Street: 2015 6th Avenue, #117 508 Britton Ln. City: Clarkston, State: WA, Zip Code: 99403

NEW REGISTERED OWNER Name: Elton Kinyon Street: 2015 6th Avenue, #117 City: Clarkston, State: WA, Zip Code: 99403

LOCATION OF MOBILE HOME Name: Sonary Crest Mobile Home Park Street: 2015 6th Avenue City: Clarkston, State: WA, Zip Code: 99403

LEGAL OWNER Name: Elton Kinyon Street: 2015 6th Avenue, #117 City: Clarkston, State: WA, Zip Code: 99403

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 5-041-35-002-0002-1170 LIST ASSESSED VALUE(S): \$ 500.00

REAL PROPERTY PARCEL or ACCOUNT NO. LIST ASSESSED VALUE(S): \$

Table with columns: MAKE, YEAR, MODEL, SIZE, SERIAL NO. or I.D., REVENUE TAX CODE NO. Row 1: Broam, 1974, 70/14X, S5627

Date of Sale: 05/31/2019 Taxable Sale Price: \$ 23,000.00 Excise Tax: State \$ 294.40, Local \$ 57.50 Delinquent Interest: 0.0025 Delinquent Penalty Subtotal \$ 351.90 State Technology Fee \$ 5.00 Affidavit Processing Fee Total Due \$ 356.90

AFFIDAVIT I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. Signature of Grantor/Agent: Erin N. Buurkarl Date and Place of Signing: 05/31/19, Clarkston, WA

Signature of Grantee/Agent: Elton Kinyon Name (print) Elton Kinyon Date & Place of Signing: 05/31/19, Clarkston, WA

TREASURER'S CERTIFICATE I hereby certify that property taxes due ASOTIN County on the mobile home described hereon have been paid to and including the year 2019 Date: 5-31-19 County Treasurer or Deputy

If, in selling (or otherwise transferring ownership of) a mobile home which possesses a tax lien, the seller does not inform the buyer (new owner) of such a lien, the seller is guilty of deliberate deception as it applies to Fraud and/or Theft as defined in Title 9 and 9A RCW (RCW 9.45.060, RCW 9A.56.010 (4d), and RCW 9A.56.020).

THIS SPACE - TREASURER'S USE ONLY

PAID

REV 84 0003e (4/9/08) COUNTY TREASURER

A-TEC CL # 27929

MAY 31 2019 ASOTIN COUNTY TREASURER

052223



AFFIDAVIT OF LOSS RELEASE OF INTEREST

LICENSE/REGISTRATION NUMBER @10921	YEAR 1974	MAKE Broom	SERIES AND BODY 70/14C
VEHICLE IDENTIFICATION NUMBER (VIN) OR VESSEL HULL IDENTIFICATION NUMBER (HIN) S5627			TITLE NUMBER

Any person who knowingly makes a false statement of a material fact shall be guilty of a felony. Upon conviction they shall be punished by a fine of up to \$5,000 and/or imprisonment for up to ten years. (RCW 46.12.210)

L O S S	By my signature I swear and say that the (CHECK THE APPLICABLE BOX)			
	<input checked="" type="checkbox"/> TITLE	<input type="checkbox"/> REGISTRATION	<input type="checkbox"/> TAB	<input type="checkbox"/> DECAL
	issued to me, is not now in my possession because it was (CHECK THE APPLICABLE BOX)			
	<input checked="" type="checkbox"/> LOST	<input type="checkbox"/> STOLEN	<input type="checkbox"/> DESTROYED	<input type="checkbox"/> MUTILATED
	<u>X Erin N</u>	Erin N. Buurkarl	DOL Customer Account Number *	
	Signature	Printed Name (Position, if signing for business or organization)		

	NOTARIZATION/CERTIFICATION	
	State of Washington County of <u>Asotin</u>	Signed or attested before me on <u>May 31, 2019</u>
by <u>Erin Buurkarl</u>	Signature <u>[Signature]</u>	Notary/Agent Signature <u>[Signature]</u>
	Printed Name of Person Signing Document	Notary's Name (PRINTED or STAMPED) <u>Gelina D. Reynold</u>
Title <u>NOTARY</u>	AND: Dealer No. OR County / Office No. OR <u>12.20.21</u>	Notary Expiration Date
	Notary/Agent	

R E L E A S E	By my signature I release my interest as Legal Owner of the vehicle/vessel described above. (NOTE: This Release of Interest must be signed by ALL Legal Owner(s), with signatures notarized; use additional forms if necessary.)		
	<u>X</u>	Signature of person releasing interest	Printed Name (Position, if signing for business or organization) DOL Customer Account Number *
	<u>X</u>	Signature of person releasing interest	Printed Name (Position, if signing for business or organization) DOL Customer Account Number *
	NOTE: A Vehicle Odometer Disclosure (Form TD-420-006) is required when transferring a vehicle that is nine (9) years old or newer, unless otherwise exempt. The new owner <u>MUST</u> apply for title within 15 days. Failure to do so will result in monetary penalty assessment.		

GROSS WEIGHT LICENSE	
(AGENT: You must verify gross weight license. Your signature certifies that the information was verified.)	
I authorize this Gross Weight License to be transferred to the new owner and remain with the vehicle described above:	
<u>X</u>	Signature
	Printed Name (Position, if signing for business or organization) DOL Customer Account Number *

	NOTARIZATION/CERTIFICATION	
	State of Washington County of _____	Signed or attested before me on _____
by _____	Signature _____	Notary/Agent Signature _____
	Printed Name of Person Signing Document	Notary's Name (PRINTED or STAMPED) _____
Title _____	AND: Dealer No. OR County / Office No. OR _____	Notary Expiration Date _____
	Notary/Agent	

* The DOL CUSTOMER ACCOUNT NUMBER is found on the Washington Driver's License or Identification Card (12 digits)- or if the owner is a business or organization, is the UBI number found on the Master Business License or Business License and Registration Certificate (9 digits).

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please call (360) 902-3600 or TTY (360) 664-8885.

RELEASE OF INTEREST / POWER OF ATTORNEY

VEHICLE PLATE/VESSEL REG. NO. @10921		VEHICLE OR HULL IDENTIFICATION NUMBER (VIN OR HIN) S5627	
YEAR 1974	MAKE Broom	SERIES/BODY TYPE 70/14X	TITLE NUMBER

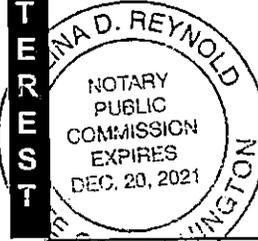
RELEASE OF INTEREST **REQUIRES NOTARIZATION/CERTIFICATION, UNLESS A BUSINESS ENTITY**
MUST BE ACCOMPANIED BY CERTIFICATE OF TITLE OR COMPLETED, NOTARIZED/CERTIFIED AFFIDAVIT OF LOSS OF TITLE, FORM TD-420-040.
I (We) release all interest in the above described vehicle/vessel.
N/A

TYPE OR PRINT LIENHOLDER NAME / BUSINESS / COMPANY	SIGNATURE OF PERSON RELEASING INTEREST	TITLE FOR BUSINESS / COMPANY
TYPE OR PRINT LIENHOLDER NAME / BUSINESS / COMPANY	SIGNATURE OF PERSON RELEASING INTEREST	TITLE FOR BUSINESS / COMPANY

REGISTERED OWNER'S RELEASE OF INTEREST **REQUIRES NOTARIZATION/CERTIFICATION**
I (We) release all interest in the above described vehicle/vessel.
Erin N. Buurkarl

TYPE OR PRINT NAME OF REGISTERED OWNER	SIGNATURE OF REGISTERED OWNER
TYPE OR PRINT NAME OF REGISTERED OWNER	SIGNATURE OF REGISTERED OWNER

INTEREST

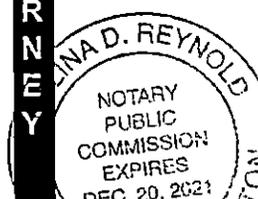
NOTARY SEAL OR STAMP	NOTARIZATION / CERTIFICATION
	State of Washington County of Asotin
	Signed or attested before me on 05/31/2019
	by Erin N. Buurkarl Printed Name of Person Signing Document
	SIGNATURE OF PERSON SIGNING DOCUMENT
	Notary's Name (PRINTED or STAMPED) Celina D. Reynold
Title Notary Notary / Agent	Dealer No. OR AND: County / Office No. OR 12/20/21 Notary Expiration Date

POWER OF ATTORNEY **REQUIRES NOTARIZATION/CERTIFICATION**
TO: THE DEPARTMENT OF LICENSING
Title & Registration Services
Olympia, Washington
And To Whom It May Concern:

I appoint **Alliance Title & Escrow Corp.** to act as my attorney-in-fact to sign all papers and documents that may be necessary in order to secure, or release, Washington title and/or registration for the vehicle/vessel described above. I agree to guarantee and save the State of Washington, and the Director of Licensing, from all responsibility for any legal action which might arise from the issuance of a Washington certificate of title and/or registration for this vehicle/vessel.

TYPE OR PRINT NAME OF PERSON GRANTING POWER OF ATTORNEY	SIGNATURE OF PERSON GRANTING POWER OF ATTORNEY	* DOL CUSTOMER ACCOUNT NUMBER
TYPE OR PRINT NAME OF PERSON GRANTING POWER OF ATTORNEY	SIGNATURE OF PERSON GRANTING POWER OF ATTORNEY	* DOL CUSTOMER ACCOUNT NUMBER

POWER OF ATTORNEY

NOTARY SEAL OR STAMP	NOTARIZATION / CERTIFICATION
	State of Washington County of Asotin
	Signed or attested before me on 05/31/2019
	by Erin N. Buurkarl Printed Name of Person Signing Document
	SIGNATURE OF PERSON SIGNING DOCUMENT
	Notary's Name (PRINTED or STAMPED) Celina D. Reynold
Title Notary Notary / Agent	Dealer No. OR AND: County / Office No. OR 12/20/21 Notary Expiration Date

* The DOL CUSTOMER ACCOUNT NUMBER is found on the Washington Driver's License or Identification Card (12 characters), or if the owner is a business, it will be the UBI number found on the business Registration and License Document (9 digits).

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